



County of San Diego

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Medical Director's Update for Base Station Physicians' Committee June, 2013

Congratulations to Susan Smith. She has been named the EMS Coordinator for Prehospital Care at EMS, replacing Rebecca Pate. She starts in her new position immediately. Susan has done a great job working with both field providers and hospitals. Join us in thanking her for all her efforts and we look forward to working with her in her new position.

Susan also was just honored by her election as President Elect of the California chapter of the Emergency Nurses Association.

Congratulations also to Linda Broyles. Linda was named to the California EMS Commission, nominated by the Emergency Nurses Association. This appointment reflects Linda's many years involvement in emergency medical services, and broad knowledge.

Sidewalk CPR on June 4 saw 2,600 persons trained in hands only compression CPR at sites across the county. At least one person trained last year used their knowledge to successfully resuscitate a patient.

The Protocol changes take effect July 1. Training is on-going. A number of questions have been answered and any needed clarifications will be issued.

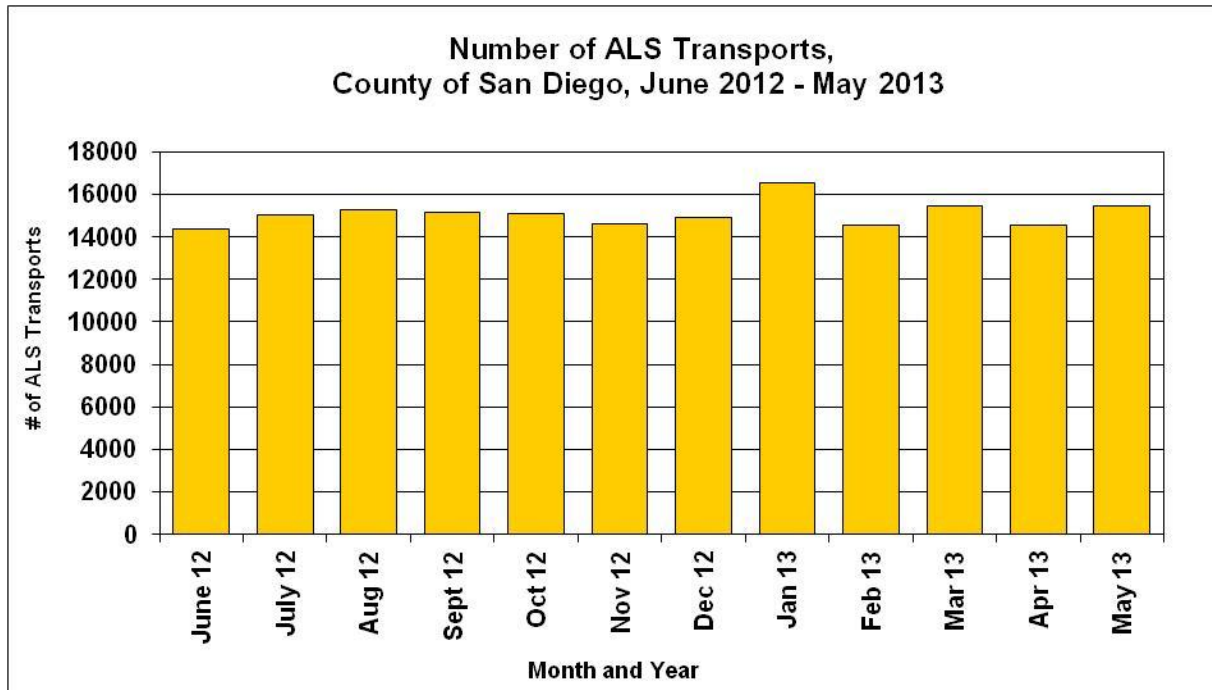
Strike out Stroke Day at the Padres will be Saturday June 22 at the 4:15 pm game against the Dodgers. This event instructs the public in the signs of stroke using the acronym FAST for abnormalities of the face (lack of symmetry), arm weakness, abnormal speech and the importance of time in getting medical evaluation and aid by calling 911. Hospitals will set up booths for risk assessment and education. The focus is on the warning signs of stroke and the importance of acting rapidly. This is also a

chance for hospital personnel who treat stroke to get together. A number of stroke survivors will be present to celebrate their recovery.

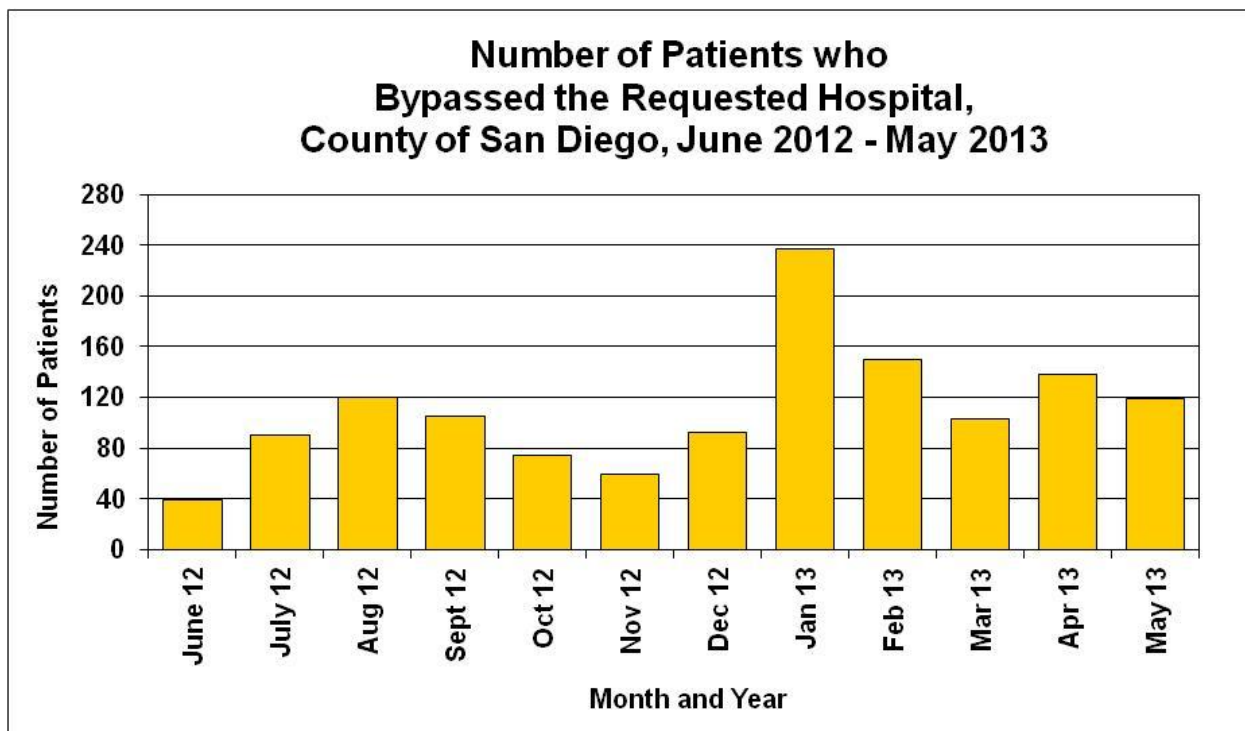
Patients with cardiac arrest or near arrest from penetrating trauma should not have a resuscitation effort in the field, followed by base contact after the patient fails to respond to the resuscitation. These patients need immediate transport to the trauma center. BVM ventilation should be adequate, but rapid placement of an advanced airway could be done en-route. IV placement is not critical and should be done en-route, if placed. Epinephrine and other medications are unlikely to be effective. Assessment for a tension pneumothorax is appropriate.

Penetrating trauma patients should not have a “medical” code, base contact after as many as 20-25 minutes, and then a request for pronouncement. These issues were the subject of Pearls from PAC in the past.

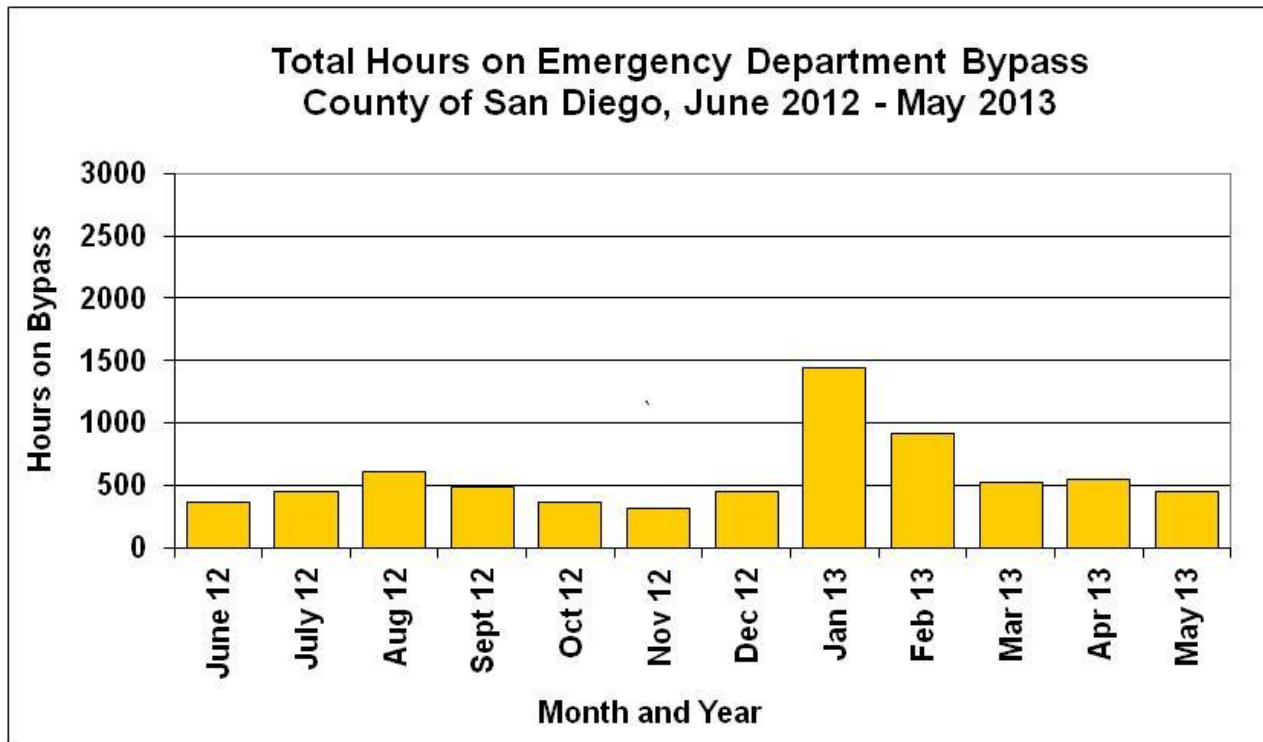
Accurate assessment of the time of onset of stroke remains critical to stroke care, especially to determine if the patient qualifies for thrombolytic treatment. It is important for field personnel to determine the “last time normal” for these patients. Sometimes there is confusion about patients who are found with a deficit after being asleep. If the patient wakes from sleep or is found with a stroke, the time of onset of symptoms/signs is defined as the last time the patient was observed to be normal. It is not the time they awaken. The best way to provide accurate information to the hospital is to take a witness or companion to the hospital with the patient, or assure that they are going to the hospital. A backup would be to obtain a telephone number, best a cell phone, to contact the person most familiar with the course of events. Contact Diane Royer, RN, at EMS for any questions.



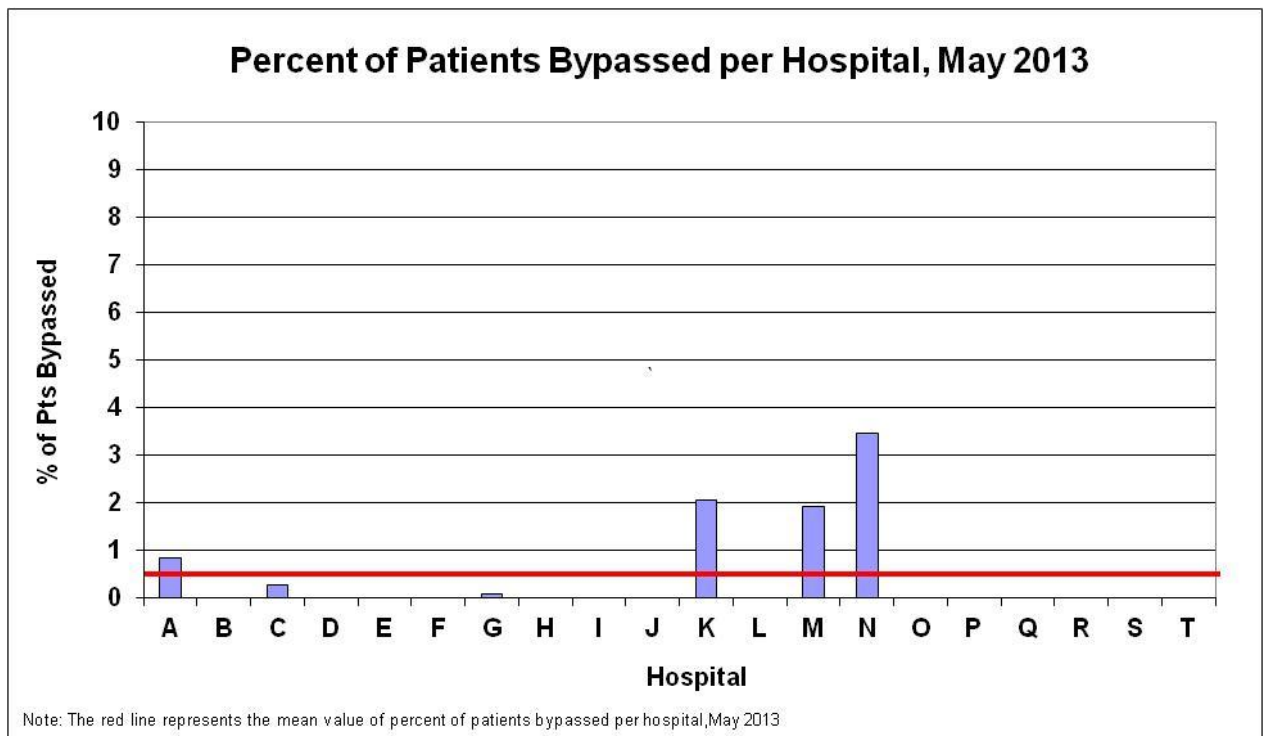
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, June 2012 – May 2013 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other



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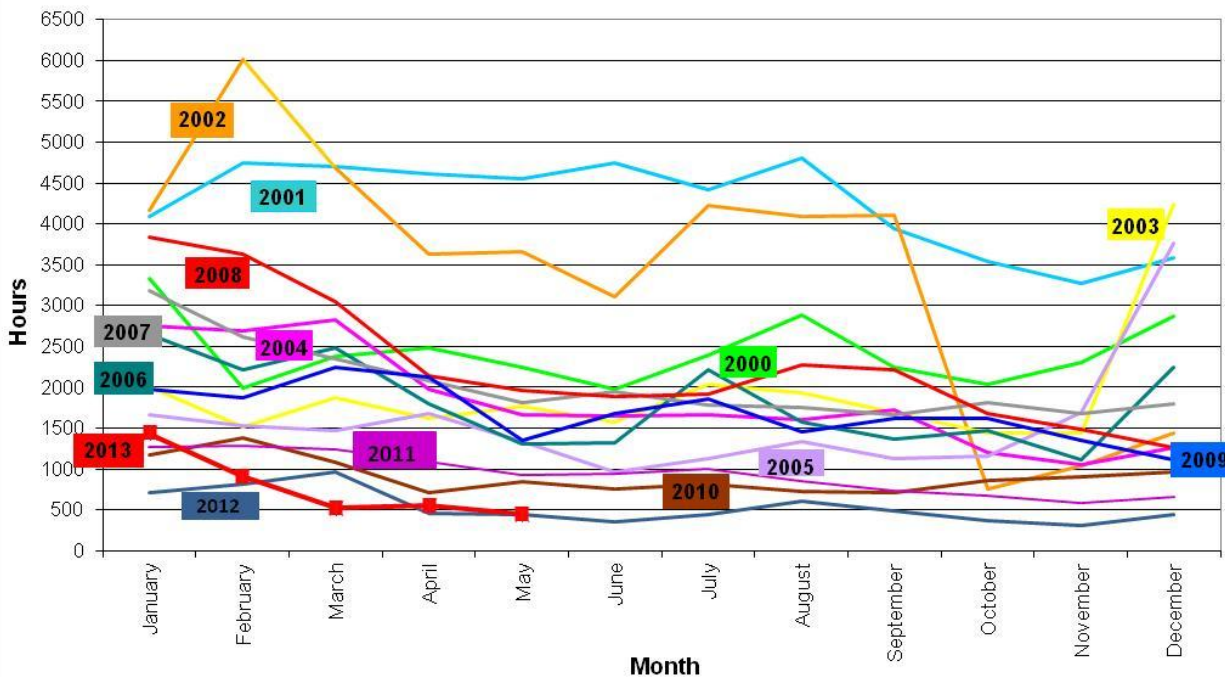


Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, June 2012 – May 2013



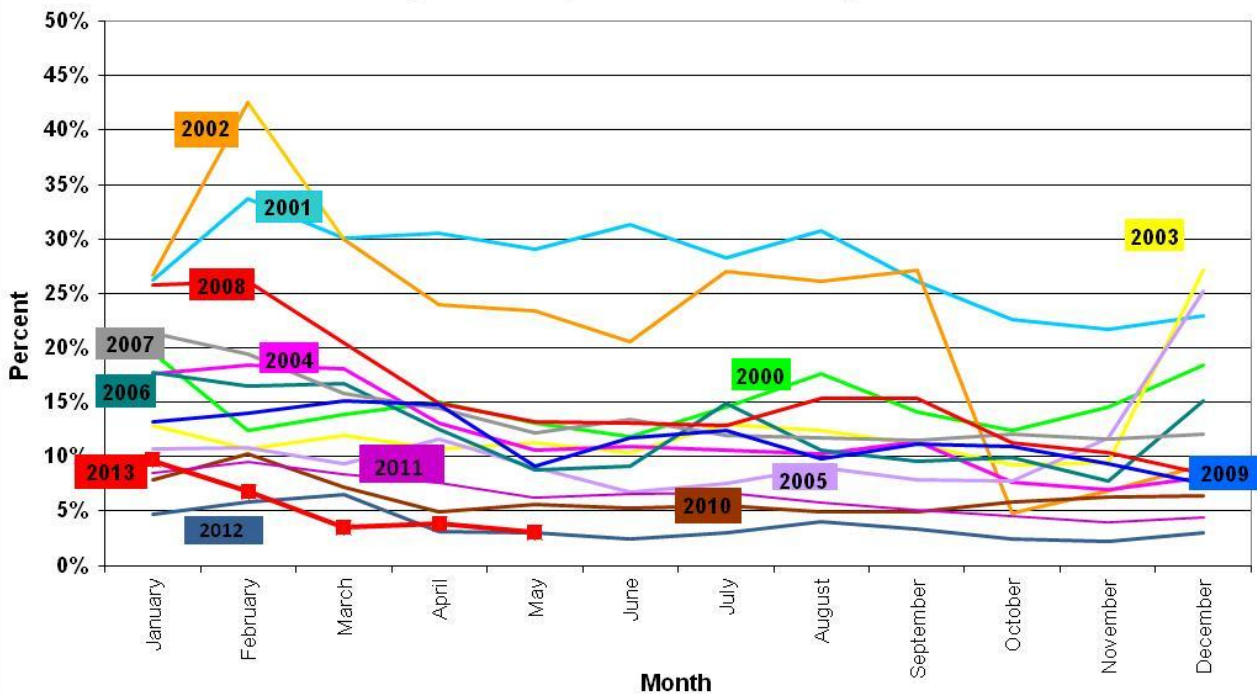
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, May 2013
 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on ED Saturation by Month and Year, San Diego County, Jan 2000 - May 2013



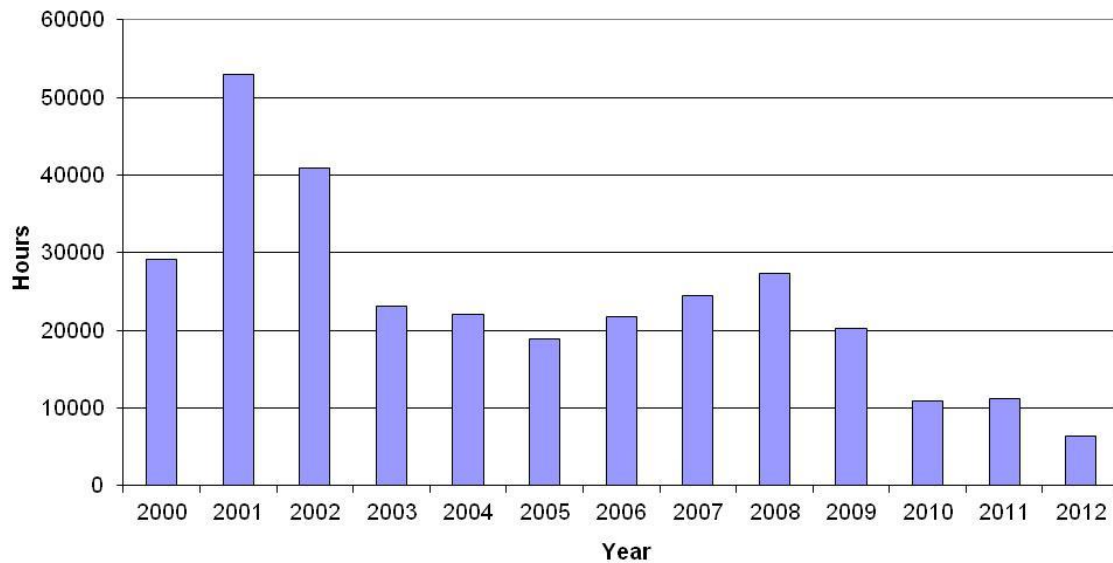
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –May 2013

Overall Percent Hours on ED Sat Per Month San Diego County, Jan 2000 - May 2013



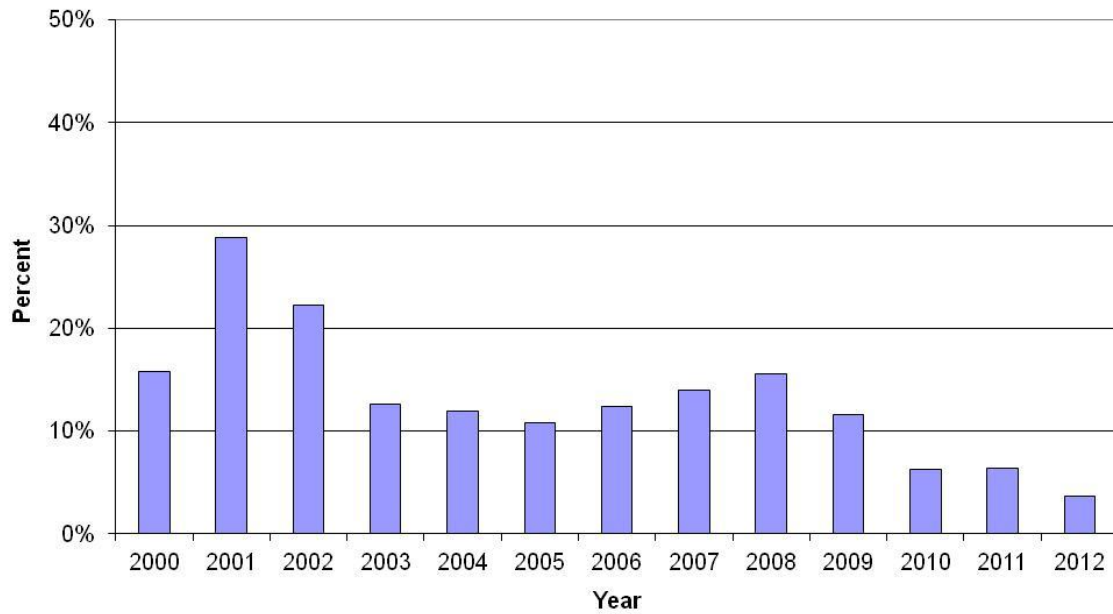
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –May 2013

Total Hours on ED Saturation by Year, San Diego County, 2000-2012



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2012

Overall Percent Hours on ED Saturation by Year, San Diego County, 2000-2012



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2012